

POSITION	ID NO.	DATE
CLASSIFIER	10	3-7-96
EXAMINER	38	4/4/96
TYPIST	AH	415
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

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## INDEX OF CLAIMS

Claim	Date
Final Original	3 6 24 17 97 97
1 1 ✓ =	
2 6 ✓ =	
3 7 ✓ =	
4 9 ✓ =	
5 10 ✓ =	
6 11 ✓ =	
7 12 ✓ =	
8 13 ✓ =	
9 14 ✓ =	
10 15 ✓ =	
11 16 ✓ =	
12 17 ✓ =	
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14 19 ✓ =	
15 20 ✓ =	
16 41 ✓	
17 42 ✓	
18 43 ✓	
19 44 ✓	
20 45 ✓	
21 46 ✓	
22 47 ✓	
23 48 ✓	
24 49 ✓	
25 50 ✓	

SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final Original	6 11 17 97
16 51 ✓	
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65 100	